



King County

Office of Risk Management Services
 Attn: Lobbyist Registration
 201 South Jackson Street, Suite 320
 Seattle WA 98104
 206-263-2239

Lobbyist name																			
Business address																			
Telephone																			
Email address																			
Employer's name	Employer's business or organization's purpose																		
Employer's telephone	Employer's address																		
Name and address of person in custody of documents (accounts, receipts, books) to verify lobbyist reports																			
Employment status (Check one.) <input type="checkbox"/> Regular employee <input type="checkbox"/> Contract, retainer, or similar agreement	Are you reimbursed for lobbying expenses? (Check one.) <input type="checkbox"/> No. I am not reimbursed for expenses. <input type="checkbox"/> Yes. I am reimbursed \$ _____ per <input type="checkbox"/> Yes. I am reimbursed for the expenses described below:																		
Is lobbying your sole duty? (Check one.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Which of your lobbying expenses are paid directly by your employer?																		
What is your compensation for lobbying? \$ _____ per	How long do you expect to lobby for this organization? (Check one.) <input type="checkbox"/> Permanently <input type="checkbox"/> Other. Explain:																		
Is your employer a business, trade association, or similar organization which lobbies on behalf of its membership? (Check one.) <input type="checkbox"/> Yes. I have attached a list showing the name and address of each member who has paid the association fees, dues, or other payments over \$500 during either of the past two years or expects to pay over \$500 this year. <input type="checkbox"/> No.																			
Which areas of interest is your lobbying most frequently concerned with? (Check all that apply.) <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Agriculture and forestry</td> <td><input type="checkbox"/> Human services</td> <td><input type="checkbox"/> Technology</td> </tr> <tr> <td><input type="checkbox"/> Budget and fiscal management</td> <td><input type="checkbox"/> Law and justice</td> <td><input type="checkbox"/> Transportation and transit</td> </tr> <tr> <td><input type="checkbox"/> Cultural resources</td> <td><input type="checkbox"/> Management and customer service</td> <td><input type="checkbox"/> Unincorporated areas</td> </tr> <tr> <td><input type="checkbox"/> Economic development</td> <td><input type="checkbox"/> Natural resources</td> <td><input type="checkbox"/> Utilities</td> </tr> <tr> <td><input type="checkbox"/> Growth management</td> <td><input type="checkbox"/> Parks and open space</td> <td><input type="checkbox"/> Water quality</td> </tr> <tr> <td><input type="checkbox"/> Housing</td> <td><input type="checkbox"/> Regional policy</td> <td><input type="checkbox"/> Other:</td> </tr> </table>		<input type="checkbox"/> Agriculture and forestry	<input type="checkbox"/> Human services	<input type="checkbox"/> Technology	<input type="checkbox"/> Budget and fiscal management	<input type="checkbox"/> Law and justice	<input type="checkbox"/> Transportation and transit	<input type="checkbox"/> Cultural resources	<input type="checkbox"/> Management and customer service	<input type="checkbox"/> Unincorporated areas	<input type="checkbox"/> Economic development	<input type="checkbox"/> Natural resources	<input type="checkbox"/> Utilities	<input type="checkbox"/> Growth management	<input type="checkbox"/> Parks and open space	<input type="checkbox"/> Water quality	<input type="checkbox"/> Housing	<input type="checkbox"/> Regional policy	<input type="checkbox"/> Other:
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Termination

I wish to **terminate** my lobbyist registration. I understand that once I have terminated my registration, I must file a new registration prior to lobbying for that employer in the future.

Date registration ends: _____ Employer's name: _____

Certification

I hereby certify that the above is a true, complete, and correct statement. **(Not valid unless signed by both lobbyist and employer.)**

Lobbyist's signature	Date	Employer's signature	Date
		Employer's name	Employer's title